

★NASSAU COUNTY DEPARTMENT OF ASSESSMENT★
APPLICATION FOR *BASIC* SCHOOL TAX RELIEF (STAR)
EXEMPTION

(See instructions on back)



TOWN _____

SD _____

SEC _____

BLK _____

LOT _____

CA# or BLDG# _____

TAX UNIT# _____

For Condominiums & Co-ops Only

If your Name, Address , Section, Block or Lot is incorrect or does not appear above, please fill in below.

Owner’s Name _____

Property Address _____

					For Condominiums & Co-ops Only	
Town	School Dist.	Section	Block	Lot	CA# or Bldg#	Tax Unit#

Deed (Liber) # (If Known)	Deed (Page) # (If Known)
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Check Applicable Box(es)

- ☐ 1- 3 Family Home
- ☐ Condominium Bldg # CA_____ Tax Unit #_____
- ☐ Co-op Bldg # _____ Apt # _____ Corporation Name_____
- Cooperative Apartment owners must attach a copy of the CERTIFICATE OF SHARES
- ☐ A COPY OF THE ENTIRE TRUST- *If the property has been placed in a trust, a copy must be attached.*
- ☐ Other(Explain):

Residence

- ☐ Proof of Residence Enclosed - Current car registration, Current voter registration card or Current NYS income tax return with the above address or complete utility bill (cable, phone, electric, etc.).

Telephone Number(s) () _____ () _____

CERTIFICATION (All Primary Resident Owners Must Sign)

I (We) certify that all of the above information is correct and that the property listed above is my (our) **primary residence**. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence.

Signature(s)

Date

Note: The completed application must be filed with the Nassau County Department of Assessment on or before the taxable status date of January 2nd. Due to the extremely large volume of STAR applications processed by this Department, it is recommended that the applications be filed on or before December 31st.

Senior Citizen Homeowners (65 or older): If your income qualifies, you may be eligible for the Enhanced Star Exemption.

THIS SPACE IS FOR ASSESSOR’S USE ONLY

Proof of Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	Assessor’s Signature _____ Date _____